DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 09/27/2006

Provider Inspection Summary

For the period 08/01/2003 to 07/31/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: POLONAISE AT WILSON COMMONS (THE) (0010715)

Address: 1500 WEST SONATA DR, MILWAUKEE, WI 53221

License Status: REGULAR

Licensed/Certified/Registered 11/18/2004

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096213 End Date: 01/17/2006 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008890 Served 01/24/2006

Deficiencies Cited Subject Area Subject Area Verified

89.29(1m) FAMILY CARE INFORMATION AND REFERRAL

Survey ID: 0095005 End Date: 06/08/2005 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094674 End Date: 03/25/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009114 Served 05/06/2005

<u>Compliance</u>

Deficiencies CitedSubject AreaVerifiedCorrected50.065(6)(b)CREDENTIALED CAREGIVERS06/08/2005Yes

Survey ID: 0093671 End Date: 11/18/2004 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 09/27/2006

Provider Inspection Summary

For the period 08/01/2003 to 07/31/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 05/04/2005

SOD #10009114

Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 09/27/2006

Provider Inspection Summary

For the period 08/01/2003 to 07/31/2006 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 08/12/2005 Date Investigation Completed: 01/17/2006

Subject Area(s) Result SOD #

MEDICATIONS NOT SUBSTANTIATED ADMINISTRATION NOT SUBSTANTIATED